## pplication or Docket Number PATENT APPLICATION FEE DETERMINATION RECORD Effective December 29, 1999 CLAIMS AS FILED - PART I SMALL ENTITY (Column 1) OTHER THAN (Column 2) **FOR** TYPE [ NUMBER FILED OR SMALL ENTITY NUMBER EXTRA RATE **BASIC FEE** RATE FEE 345.00 OR TOTAL CLAIMS 690.00 minus 20= X\$ 9= X\$18= INDEPENDENT CLAIMS OR minus 3 = MULTIPLE DEPENDENT CLAIM PRESENT X39= X78 =OR ° If the difference in column 1 is less than zero, enter "0" in column 2 +130 =+260= OR/ TOTAL CLAIMS AS AMENDED - PART II OR TOTAL (Column 1) OTHER THAN (Column 2) SMALL ENTITY (Column 3) ·OR SMALL ENTITY CLAIMS HIGHEST REMAINING NUMBER ADDI-PRESENT **AFTER** ADDI-PREVIOUSLY RATE TIONAL **EXTRA** AMENDMENT RATE TIONAL PAID FOR FEE Total . FEE Minus X\$ 9= X\$18= Independent OR Minus FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM X39= X78= OR +130= +260= OR TOTAL TOTAL ADDIT. FEE (Column 1) ADDIT. FEE (Column 2) (Column 3) CLAIMS (00) HIGHEST REMAINING NUMBER RNDMENT ADDI-PRESENT **AFTER** ADDI-**PREVIOUSLY** AMENDMENT EXTRA RATE TIONAL RATE TIONAL PAID FOR FEE Total FEE Minus X\$ 9= Independent X\$18= ÓR Minus FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM X39= :X78= OR +130= +260= OR TOTAL TOTAL OR ADDIT, FEE ADDIT, FEE (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST REMAINING NUMBER NDMENT PRESENT AFTER PREVIOUSLY **EXTRA** AMENDMENT PAID FOR Total

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM

If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

Minus

Minus

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	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
	X\$ 9=	1.5	OR	X\$18=			
	X39=		OR	X78=			
	+130=		OR	+260=			
,	TOTAL VDDIT. FEE		OR	TOTAL ADDIT, FEE			

The Highest Number Previously Pald For (Total or Independent) is the highest number found in the appropriate box in column 1..

FORM PTO-876

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Independent

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Application or Docket Number

## PATENT APPLICATION FEE DETERMINATION RECORD Effective November 10, 1998

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				Column 1)		<del></del>	ımn 2)	ล	TYPE		OR	SWALLENTIT		
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* If the difference in column 1 is less than zero, enter "0" in column 2						L	TOTAL		OR	TOTAL	760			
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## This Form is for INTERNAL PTO USE ONLY It does NOT get mailed to the applicant.

## NOTICE OF FILING / CLAIM FEE(S) DUE (CALCULATION SHEET)

APPLICATION	NUMBER:					
-		Total Fe	e Calculatio	on		
	Fee Code	Total # Claims	Number Extra X	( Fee	Fec =	Total
	Sm./Lg.			Sm. Entity	Lg. Entiry	
Basic Filing Fee	201/101	.(			760 -	
Total Claims >20	205/103	-20	x		a	
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Mult. Dep Claim Present	204/104					
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English Translation	139					
TOTAL FEE CALCUL,	ATION					
Fees due upon filing t	he application:					
Total Filing Fees Due	= \$	(	890		ABILECOPY	
Less Filing Fees Subn	uiπed - \$				BILL	
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FORM OIPE-RAM-01 (Rev. 12/97)